

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 097720280 FILING DATE

APPLICANT(S)

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
2				1		
3						
4				1		
5						
6				1		
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TOTAL IND.			1			
TOTAL DEP.			18			
TOTAL AIMS			19			

51	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			1			
TOTAL DEP.			18			
TOTAL CLAIMS			19			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS